

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILLOW MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1419 SE GREENVILLE BOULEVARD GREENVILLE, NC 27858</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 6, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address needs for 1 of 3 audited (#3). The findings are:</p> <p>Review on 3/5/24 - 3/6/24 of client #3's record revealed: -17 year old male. -Admission date: 2/27/24. -Diagnoses of Reactive Attachment Disorder by History; Oppositional Defiant Disorder; ADHD-Combined by History; Partial Fetal Alcohol Syndrome by History. -Physicians order dated 2/27/24-Novolog Injection 100 units- Inject subcutaneously 4 times daily for blood sugar (BS) less than 70. 1 unit per 12 grams (g) of carbs; Lantus Injection 100 milliliter (ml)- 20 units bedtime- hold if BS less than 150; Glucose 15mg- 4 PRN for BS less than 70; Insta-Glucose 15 gel 40%- 1 dose inside cheek PRN for low blood sugar. -Person-Centered Plan dated 2/27/24- No strategies developed to address concerns with client #3's Diabetes.</p> <p>Interview on 3/6/24 client #3 stated: -He had recently moved to the facility. -Staff assisted him with his medications. -His diabetes is well managed.</p>	V 112		

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V 112	Continued From page 2  Interview on 3/6/24 the Qualified Professional stated: -Client #3 had been admitted to the facility 2/27/24. -The previous facility did not disclose client #3's diabetes diagnosis, and his treatment plan was completed according to the initial information received from the previous facility. -The facility learned of client #3's diabetes once he arrived at the facility. -Client #3 has been established as a patient with local physicians and had upcoming appointments with Endocrinology. -Client #3 had no crisis related to his diabetes since his admission. -She did not update client #3's treatment upon learning of his diabetes but would ensure client #3's treatment plan was updated to include goals and strategies related to his diabetes diagnosis.	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observations on 3/5/24 4:20pm and 5:00pm revealed: -Client #4's bedroom had an area rug with a dark stain in front of his dresser.	V 736		

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V 736	<p>Continued From page 3</p> <p>-Client #3's bedroom had white marks on the wall above his head board; his closet door was missing the door knob. -The one of the two stove hood light's was not working.</p> <p>Interview on 3/6/24 the Qualified Professional she understood the facility was required to maintain a safe, clean, attractive and orderly manner.</p>	V 736		